



# **Convenience Advertising**

# Case Study

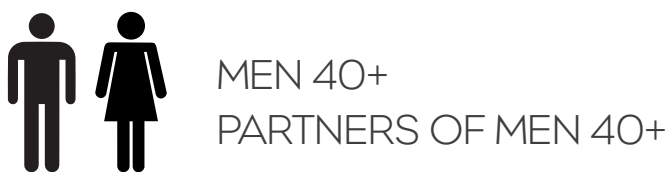
## PCFA



### THE ISSUE

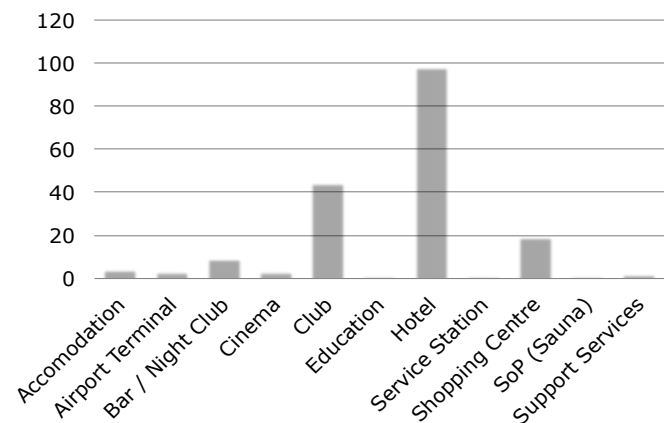
Each year in Australia, close to 3,300 men die of prostate cancer, which exceeds the number of women who die from breast cancer annually. Many are unaware of the 125 PCFA affiliated support groups around Australia that provide support to men suffering from prostate cancer. The latest PCFA figures reveal that 78% of women felt well informed about breast cancer but only 52% of men felt informed about prostate cancer.

### TARGET AUDIENCE



### VENUES

**63** VENUES



### TARGET LOCATIONS



### AIMS & OBJECTIVES

To raise awareness of the PCFA-affiliated support groups around Australia, and to encourage men suffering prostate cancer and their partners to contact the support groups

### STRATEGY

Messages and takeaway cards were placed in the washroom environment inside a wide range of venues. Males and their partners were targeted separately via gender segmentation with 60% of messages targeting men and 40% aimed at women. Takeaway cards provided information on support groups and signposted a 1300 number and the PCFA's website address to access support.



### REACH

**44.5M** PATRON VISITS

**\$3.83** COST PER THOUSAND

**1,153** WASHROOM POSTERS

# Evaluation

## Prostate Cancer Foundation of Australia



Evaluation carried out by the Centre for Health Initiatives, University of Wollongong found:

**85%** of respondents recalled that prostate cancer was the main message of the campaign poster.

**25%** said that they left the washroom with a takeaway card.

**19.7% increase** in web traffic to [www.pcfa.org.au](http://www.pcfa.org.au) compared to previous year for the same period, equal to an increase of 14,651 unique visitors.

**8.9% increase** in web traffic to support group pages on the PCFA website, equal to 13,608 page views.

**Increase** in calls to the support group hotline.

- **70%** found the poster messages were relevant to them or someone they knew.
- **90%** who knew someone with prostate cancer found the messages relevant.
- **35%** stated that they had spoken with someone they knew about the information in the posters.
- **80%** said they were likely to call the PCFA 1300 number.
- **70%** said they were likely to visit the PCFA website
- **58%** said that they were likely or very likely to join a PCFA-affiliated support group.
- **87%** agreed to search for new information to improve their health while **98%** thought it was important to carry out activities to improve their health.



# Centre for Health Initiatives (CHI)

## Prostate Cancer Foundation of Australia Support Group Promotion Campaign Evaluation

### Final Report

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19 April 2013

#### *Acknowledgements*

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## Glossary

Note the use of the following acronyms used throughout this document.

Acronym	Definition
<b>PCFA</b>	Prostate Cancer Foundation Australia
<b>CHI</b>	Centre for Health Initiatives

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## Background and Introduction

Prostate Cancer Foundation of Australia (PCFA) is the peak body for prostate cancer in Australia. PCFA is dedicated to reducing the impact of prostate cancer on Australian men, their partners, families and the wider community.

They do this by:

- Promoting and funding world leading, innovative research into prostate cancer
- Implementing awareness campaigns and education programs for the Australian community, health professionals and government
- Supporting men and their families affected by prostate cancer, through evidence-based information and resources support groups and Prostate Cancer Specialist Nurses

One of the strategies PCFA utilises to support men and families that have been affected by prostate cancer is through support groups. PCFA supports a national network of support groups in each State and Territory of Australia consisting of men and women who have a passion for assisting others who have been affected by prostate cancer. This network is made up of over 140 groups who meet locally to provide one to one support, giving a vision of life and hope after treatment. Many members have received medical treatment and live happy lives post treatment. They enjoy the social side of their group in addition to spreading the word to raise awareness about this insidious disease.

Convenience Advertising utilised a social marketing approach to improve people's awareness of and participation in PCFA support groups nationwide. Social marketing is a framework or process that has been successfully used to elicit behaviour and attitude change at a group or community level and it will be used as the basis of the proposed intervention. Social marketing is commonly defined as a program-planning process that applies concepts and techniques of commercial marketing to promote voluntary behaviour change (Kotler & Lee 2008). However, it utilises a range of theories, principles and models, predominantly from commercial marketing, but also from such diverse areas as psychology, sociology, communications theory, behaviour change theory and anthropology.

The Centre for Health Initiatives (CHI) has been engaged to undertake an evaluation of the PCFA campaign implemented by Convenience Advertising. This report will highlight the methodology employed and report on the results from an intercept survey at four sites where the posters were displayed.

The overall aim of this evaluation is to assess the impact of the advertising presented in bathroom facilities in creating awareness of the messages and promoting future engagement with the PCFA.

The specific evaluation questions (purposes) this report seeks to answer are:

- 
- 1) Assessing respondents' awareness and perceptions of the prostate cancer messages in the bathroom posters
  - 2) Assessing the impact of the prostate cancer posters on respondents' engagement with PCFA
  - 3) Assessing respondents' beliefs regarding prostate cancer and behaviours to improve their health
  - 4) Comparing males with females on message awareness, engagement with PCFA, and beliefs about prostate cancer
  - 5) Comparing those who have known someone with prostate cancer with those who do not have known someone with prostate cancer on message awareness, engagement with PCFA, and beliefs about prostate cancer

Posters were displayed in 20 areas where support groups exist. Within these areas, venues were selected based on their relevance to the target audience (males, 40 years and over and partners) and where the posters will have high visibility. Venues such as RSLs, shopping centres, hotels, bowls clubs and other community centres were utilised amongst others. There was an even distribution amongst the States and Territories and also between metropolitan and regional centres.

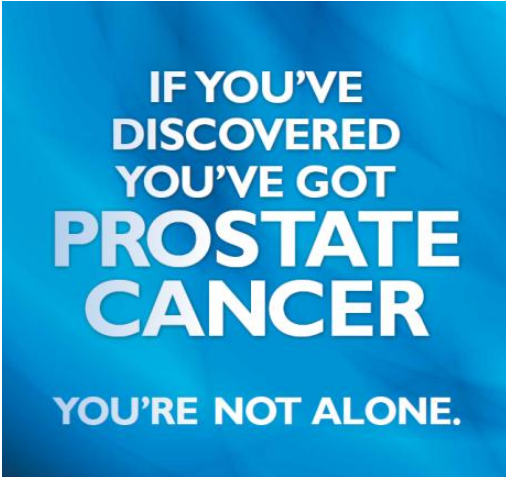
The campaign targeted both men (50% campaign weight) and women (50% campaign weight) as it is recognised that partners of men can do a lot to motivate them to make the call. On each poster, the call to action is a bespoke 1300 phone number that will provide information on local support groups. There was also a takeaway card holder available at the posters by the hand-dryer location. This gave individuals the option of taking information away with them from the point of advertising.



Figure 1. Photograph of PCFA poster at the hand-dryer location with takeaway card holder



Figure 2. Poster – male



**IF YOU'VE  
DISCOVERED  
YOU'VE GOT  
PROSTATE  
CANCER**

**YOU'RE NOT ALONE.**

Around 120,000 Australian men are living with prostate cancer. If you're one of them, you and your family don't have to face it alone. There are 125 Prostate Cancer Support Groups across Australia, where you can get emotional and practical support from people who know what you're going through.

**If you need support, call 1300 109 831  
between 9am-6pm, Monday to Friday.**


[www.pcfa.org.au](http://www.pcfa.org.au)

Australian Government  
Cancer Australia

Prostate Cancer  
Foundation  
of Australia

Prostate Cancer Foundation of Australia. Supporting people with prostate cancer.

Figure 3. Poster - female



**IF YOUR PARTNER  
DISCOVERS HE HAS  
PROSTATE  
CANCER**

**HE'S NOT ALONE.**

Around 120,000 Australian men are living with prostate cancer. It's important for anyone with prostate cancer and their families to know they're not alone. There are 125 Prostate Cancer Support Groups across Australia where they can get support from people who know what they're going through.

**If you need support, call 1300 109 831  
between 9am-6pm, Monday to Friday.**

[www.pcfa.org.au](http://www.pcfa.org.au)

Australian Government  
Cancer Australia

Prostate Cancer  
Foundation  
of Australia

Prostate Cancer Foundation of Australia. Supporting people with prostate cancer.

Figure 4. In situ photographs of the campaign posters: urinal, hand dryer and entrance locations

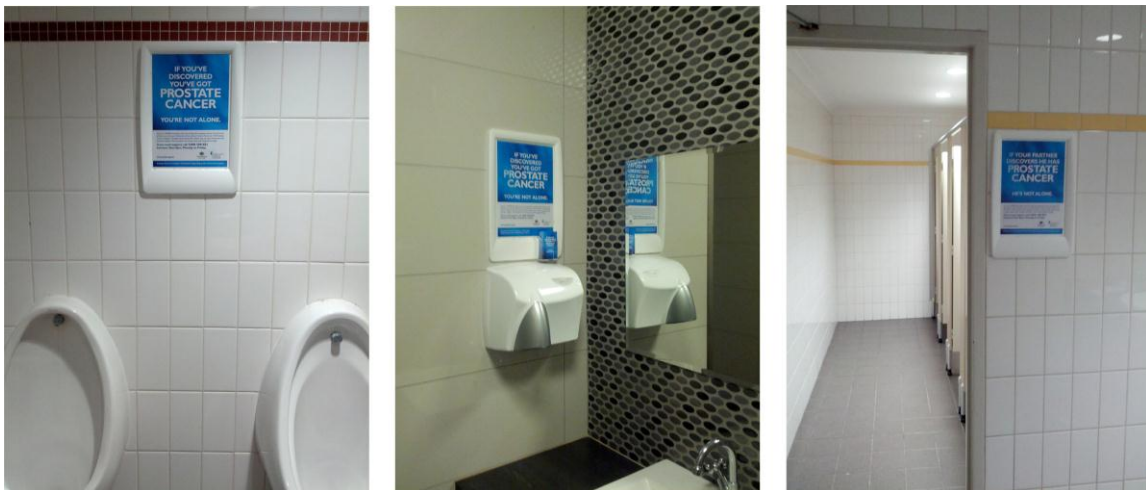


Figure 5. Takeaway card copy

**THERE ARE OVER 125 PROSTATE CANCER SUPPORT GROUPS ACROSS AUSTRALIA.**

**IF YOU NEED SUPPORT, CALL 1300 109 831.**

**Prostate Cancer Foundation of Australia**

**Australian Government  
Cancer Australia**

If you need support, call **1300 109 831** between 9am and 6pm, Monday to Friday.

**www.pcfa.org.au**

PROB-0002\_Take Away\_SupportGroups.indd 1-5 10/07/12 5:00 PM

**OVER 120,000 AUSTRALIAN MEN ARE LIVING WITH PROSTATE CANCER.**

One in every eight Australian men will develop prostate cancer. So if you've just been diagnosed, you're not on your own. You're also not alone. There are over 125 Prostate Cancer Support Groups around Australia, where you and your family can get practical and emotional support.

**SUPPORT FROM PEOPLE WHO KNOW WHAT YOU'RE GOING THROUGH.**

Prostate cancer support groups are made up of people going through similar experiences. It's only natural that you might be feeling anxious, confused and depressed. Being part of a group allows you to find out about treatments other people have experienced, discuss side-effects and ask about things you may not have fully covered with your doctor. Most importantly, there will be people who will listen to you and who fully understand your situation.

**AUSTRALIA'S PEAK NATIONAL PROSTATE CANCER BODY.**

Prostate Cancer Foundation of Australia is the peak national body for prostate cancer in Australia. We are dedicated to reducing the impact of prostate cancer on Australian men, their partners, families and the wider community.

**VISIT WWW.PCFA.ORG.AU OR CALL 1300 109 831 TO FIND OUT MORE**

PROB-0002\_Take Away\_SupportGroups.indd 4-6 10/07/12 5:00 PM

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## Methods

### Participants and Procedure

This report utilises cross-sectional, self-report data to assess the awareness and impact of the campaign developed by The Shannon Company and the placement of the posters and take away cards managed by Convenience Advertising. The areas surveyed were Essendon (VIC), Shepparton (VIC), Coffs Harbour (NSW), and St. George (NSW). Data was collected from 398 adults aged 40 years or older who had ever used the bathroom facilities in each location in the week prior to being surveyed. These 398 people were asked if they saw any posters on the walls, or anywhere else in the bathrooms; and 369 reported that they saw the posters in the bathrooms whereas four did not respond at all and were excluded from the analyses. The remaining 25 people were then prompted by the interviewers to assess their recall: "The posters are blue and are about health. Do you remember seeing them now?". From this, 22 people stated that they recalled seeing the posters and the remaining three people were excluded from the analyses. As a result, the study sample was restricted to 391 respondents who reported that they saw or remembered seeing the posters in the bathroom.

### Measures

Respondents self-reported their demographic characteristics including age, gender, country of birth, education, employment, and marital status. Respondents also reported the awareness of the prostate cancer messages in the posters, the relevance of the messages and the organisation the messages were from. Additionally they were asked whether they took a takeaway card and the appropriateness of displaying this kind of health information in the bathroom environment.

To evaluate the impact of the posters in the bathrooms on engagement with PCFA, respondents were asked whether they joined a PCFA support group, talked to friends and family, visited the PCFA website, called the PCFA number, and suggested to a friend/partners that they call the number (1= yes; 2 = no). Respondents were also asked to assess their intentions to engage with PCFA on a 5-point scale (1= very unlikely; 2 = unlikely; 3 = neither unlikely nor likely; 4 = likely; 5 = very likely). Finally they were asked about their behaviours to improve their health (e.g., health information seeking) as well as their thoughts about screening.

### Data Analysis

All statistical analyses were carried out using SPSS version 19.0. The analyses were implemented in 2 stages: First descriptive statistics were conducted, followed by a series of statistical tests to examine the extent to which the distribution of one variable is associated with the distribution of another. For example, to test the evaluation question that the distribution of intentions to engage with PCFA is

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associated with the distribution of having known someone with prostate cancer, one might test for the strength of association between the two distributions. Thus, the test that was primarily used in this evaluation report is the Pearson Chi-square test. When comparing only two independent proportions, the Chi-square test was also used because it is equivalent to a Z test in that case. Using the statistical tests, we investigated associations with or differences between male and female as well as differences between those having known with prostate cancer and those not having known someone with prostate cancer. Statistical differences were assessed at .05 level of significance.

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## Results

### Demographics

Based on the criteria described earlier, the sample size included 391 respondents who either saw the posters without any cues (unaided recall) or remembered seeing the posters with cues (aided recall). Respondents ranged in age; with 10.0% aged 40-44 years; 38.1% aged 45-54; 29.1% aged 55-64; 22.8% aged 65 and over. Males made up 72.1% of the survey respondents. About half of respondents (48.8%) were full-time employees and three quarters (75.4%) were married (see Table 1).

Table 1. Demographics (N = 391)

Characteristics	Freq (%)
<b>Age</b>	
40 – 44	10.0% (39)
45 – 54	38.1% (149)
55 – 64	29.1% (114)
65 +	22.8% (89)
<b>Gender</b>	
Male	72.1% (281)
Female	27.9% (109)
<b>Education</b>	
Year 10 or equivalent	29.2% (114)
Higher school certificate (year 12)	45.6% (178)
TAFE / diploma	19.7% (77)
College degree or above	5.4% (21)
<b>Employment</b>	
Full time	48.8% (191)
Part time	16.4% (64)
Casual work	10.2% (40)
Not currently employed	5.1% (20)
Other	19.4% (76)
<b>Marital Status</b>	
Married	75.4% (295)
Widowed	7.9% (31)
Separated / divorced	9.0% (35)
Never married / single	7.7% (30)
<b>Location</b>	
Metro	49.1% (192)
Non-Metro	50.9% (199)

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## Awareness and Perceptions of the Messages in the Poster

This section provides descriptive statistics of the awareness of the poster messages in the bathrooms. In this section, 11 survey items were used to assess what messages respondents remembered after seeing posters. As discussed earlier, only those who remembered seeing the posters (N = 391) were asked to respond to these questions on the main messages in the posters.

### 1) Main Messages of the Poster

Respondents were asked to recall main messages in the bathroom posters (they were able to provide multiple responses). The survey results indicate that 84.7 % of respondents identified prostate cancer as one of the main messages. 37.9% of respondents reported that support group is one of the main messages. Additionally 82.1% said that the messages are for the Prostate Cancer Foundation of Australia. Table 2 below presents the percentages of respondents who identified the main message(s) presented in the bathroom posters.

Table 2. Main Recalled Messages from the Poster

Messages	Yes % (Freq)
Prostate cancer	84.7% (331)
Support groups	37.9% (148)
You're not alone	27.9% (111)
Hotline	24.0% (94)
Australian Gov / Cancer Australia	17.4% (68)
He's not alone	14.1% (55)
Website	12.5% (49)
Helping your partner	10.7% (42)
Cards	4.9% (19)
Others	3.1% (12)
Don't know	2.3% (9)

### 2) Message Awareness by Gender

Table 3 shows there were some significant differences proportionally in the message awareness between males and females. Specifically greater portions of female respondents than male respondents identified "helping your partner" and "he's not alone" as the main messages in the posters. In contrast, greater portions of males identified "you're not alone," and "hotline" as the main messages.



Table 3. Awareness of the Campaign Messages by Male and Female

Messages (yes)	Male % (n = 281)	Female % (n = 109)	$\chi^2$ (p-value)
Prostate cancer	84.3% (237)	85.3% (93)	.058 (.810)
<b>Helping your partner</b>	<b>2.4% (1)</b>	<b>97.6% (41)</b>	<b>113.456 (&lt;.001)</b>
Support groups	37.0% (104)	39.4% (43)	.199 (.656)
<b>He's not alone</b>	<b>0.7% (2)</b>	<b>48.6% (53)</b>	<b>148.827 (&lt;.001)</b>
<b>You're not alone</b>	<b>37.7% (106)</b>	<b>4.6% (5)</b>	<b>42.350 (&lt;.001)</b>
<b>Hotline</b>	<b>26.7% (75)</b>	<b>16.5% (18)</b>	<b>4.479 (.034)</b>
Website	13.2% (37)	10.1% (11)	.688 (.407)
Australian Gov / Cancer Australia	19.6% (55)	11.9% (13)	3.190 (.074)
Cards	6.0% (17)	1.8% (2)	3.011 (.083)

Note. The comparisons in bold are statistically significant based upon Chi-square tests ( $p < .05$ )

### 3) Message Awareness by Having Known Someone with Prostate Cancer

Table 4 presents that there were some significant differences between those who have known someone with prostate cancer and those who did not know someone with prostate cancer. A Chi-square test reveals that a greater portion of respondents who have known someone with prostate cancer (91.7%) identified "prostate cancer" as one of the main messages in the posters than those who do not have (80.6%). Another Chi-square test indicates a greater portion of those who had not known someone with prostate cancer (28.1%) identified "hotline" as the main message in the posters.

Table 4. Message Awareness by Having Known Someone with Prostate Cancer

Messages (yes)	Yes % (n = 145)	No % (n = 242)	$\chi^2$ (p-value)
<b>Prostate cancer</b>	<b>91.7% (133)</b>	<b>80.6% (195)</b>	<b>8.71 (.003)</b>
Helping your partner	10.3% (15)	11.2% (27)	0.62 (.804)
Support groups	34.5% (50)	39.7% (96)	1.038 (.308)
<b>He's not alone</b>	<b>9.7% (14)</b>	<b>16.9% (41)</b>	<b>3.949 (.047)</b>
<b>You're not alone</b>	<b>35.2% (51)</b>	<b>24.4% (59)</b>	<b>5.191 (.023)</b>
<b>Hotline</b>	<b>17.9% (26)</b>	<b>28.1% (68)</b>	<b>5.098 (.024)</b>
Website	9.0% (13)	14.9% (36)	2.864 (.091)
Australian Gov / Cancer Australia	14.5% (21)	19.4% (47)	1.527 (.217)
Cards	5.5% (8)	4.5% (11)	0.183 (.668)

Note. The comparisons in bold are statistically significant based upon Chi-square tests ( $p < .05$ )

#### 4) Message Awareness by Research Location

Results of the Chi-square test show that there was a significant difference proportionally in recognition of prostate cancer message between metro and non-metro respondents. Interestingly a higher percentage of respondents who were surveyed in non-metro areas (93.5%) identified prostate cancer as the main message than those who were surveyed in metro areas (75.5%). In addition a greater portion of non-metro respondents recognized hotline and website as the main messages in the bathroom posters. In contrast a greater portion of metro respondents said "he's not alone" and "you're not alone" as the main messages than non-metro respondents. Table 5 summarises the results of the statistical tests.

Table 5. Message Awareness by Research Location

<b>Messages (yes)</b>	<b>Metro</b> % (n = 192)	<b>Non-Metro</b> % (n = 199)	<b>χ<sup>2</sup> (p-value)</b>
<b>Prostate cancer</b>	<b>75.5% (145)</b>	<b>93.5% (186)</b>	<b>24.228 (&lt;.001)</b>
Helping your partner	9.9% (19)	11.6% (23)	0.282 (.596)
Support groups	42.2% (81)	33.7% (67)	3.015 (.083)
<b>He's not alone</b>	<b>10.4% (20)</b>	<b>17.6% (35)</b>	<b>4.157 (.041)</b>
<b>You're not alone</b>	<b>23.4% (45)</b>	<b>33.2% (66)</b>	<b>4.549 (.033)</b>
<b>Hotline</b>	<b>35.9% (69)</b>	<b>12.6% (25)</b>	<b>29.237 (&lt;.001)</b>
<b>Website</b>	<b>18.2% (35)</b>	<b>7.0% (14)</b>	<b>11.171 (.001)</b>
<b>Australian Gov / Cancer Australia</b>	<b>25.0% (48)</b>	<b>10.1% (20)</b>	<b>15.202 (.001)</b>
Cards	4.7% (9)	5.0% (10)	0.024 (.877)

Note. The comparisons in bold are statistically significant based upon Chi-square tests ( $p < .05$ )

#### 5) Message Sponsor

The majority of respondents (82.1%) were able to identify PCFA as the sponsor of the campaign. The remaining participants stated "other" and were asked to specify the other organisation. The open-ended responses are as follows:



Table 6. Other Organisations Mentioned

<b>Others</b>	<b>Freq</b>
Cancer Foundation / Council	29
Prostate Cancer Org	9
Mens Health	7
Government	6
Not Sure	6
Health Department	5
Depression	1
Breast Cancer	1
Support Groups	1
Aged Health	1
Skin Cancer	1
Research Org	1
Donations	1

#### 6) Initial Reaction to the Campaign

Respondents were asked (open ended) about their initial reaction to the posters. Overall respondents' initial reactions were very positive. However 40 respondents (approximately 10%) said they could not remember or they did not have initial reaction to the posters (see Table 7).

Table 7. Initial Reaction to the Posters

<b>Initial Reactions</b>	<b>Freq</b>
Appropriate/clever/good idea	88
Good poster/information	42
Couldn't remember/didn't take notice/no initial reaction	40
Caught attention/noticeable	36
Good reminder that men should speak out/take action	33
Government cancer ad	32
A lot of people have prostate cancer/I'm not alone	29
Support available	19
Helping your partner	18
Ok/alright	13
Strange to see in ladies toilets	11
Appropriate location for the posters	10
Happy to see it	6
Good to see action in the area	6
Cancer is dangerous/serious	3
Obvious	1
A lot of information to take in	1

## 7) Relevance of the Poster Messages

Respondents were asked if they found the messages relevant to them or someone they knew. A substantial proportion of respondents (70.4%) revealed that the messages in the poster were relevant to them or someone they knew. Chi-square tests examining statistical differences indicate that there were no statistical differences between males (74.6%) and females (65.1%) as well as between metro (68.9%) and non-metro (74.9%) in terms of the message relevance. However there was a significant difference between those who have known someone with prostate cancer and those who had not known someone with prostate cancer: Chi-square (1) = 36.283,  $p < .001$ . More specifically a higher percentage of those who have known someone with prostate cancer (90.3%) found the messages relevant, compared with those who do not have (62.0%).

If respondents answered the messages were relevant, then they were asked why the messages were relevant. The following are their responses to the open-ended question:

Table 8. Why Are the Message Relevant?

<b>If relevant, why?</b>	<b>Freq</b>
Good reminder that men need to look after themselves or get a check up	56
Relevant to my husband or my husbands' age group	42
Prostate cancer can affect all men	42
Friend/family history of cancer	38
Could affect me or family members	37
Concern for husband or brothers	26
Important health issues	13
I've been tested or had a check up	9
I have had prostate cancer	6
Useful information	4
Need to know that help is out there	2
I work in health care	1
Men don't talk about it enough	1

## 8) Interpersonal Communication about the Campaign Messages

35.1% of all respondents reported that they had mentioned the information contained in the posters with someone that they know. A Chi-square test reveals that there was a statistical difference between male respondents and female respondents. A greater portion of females (50.5%) than males (28.9%) had mentioned the information contained in the posters with someone they knew after seeing the posters: Chi-square (1) = 15.994,  $p < .001$ . Another Chi-square test showed that a significantly greater portion of respondents that knew someone with prostate cancer (43.4%) had mentioned the information in the posters compared to those

who did not know someone with prostate cancer (30.2%): Chi-square (1) = 7.019,  $p = .008$ . However, there was no significant difference between those who were surveyed in metro area (35.6%) and those who were surveyed in non-metro areas (34.7%).

#### 9) Appropriateness of Bathroom Display

Approximately 90% of respondents thought that displaying the information in the bathroom environment was appropriate (89.7%). Chi-square test results are not reported for this survey item because they violated an important assumption of the test. Four cells were detected to have expected frequencies less than 5, which may provide misleading probabilities.

### Impact of the Poster Messages on Engagement with PCFA

This section assesses the impact of the campaign messages on respondents' engagement with Prostate Cancer Foundation of Australia (PCFA). Five survey items were used to assess respondents' engagement with PCFA and another five items were used to measure their intent to engage with PCFA on a 5-point scale (very unlikely to very likely).

#### 1) Engagement with PCFA

About a quarter of respondents (25.1%) indicated that they have talked to their friend(s) and family members about prostate cancer after seeing the posters which is promising. However the results reveal that the posters were not as successful in leading respondents themselves to engage with PCFA. For example only 1% of respondents have joined PCFA affiliated support group (see Table 9).

Table 9. Engagement with PCFA

<b>Engagement with PCFA</b>	<b>Yes % (Freq)</b>
Talked to your friend(s) and family about prostate cancer	25.1% (100)
Visited PCFA website	5.9% (23)
Suggested to a friend/partner that they call 1300 number	3.3% (13)
Called PCFA 1300 number	1.5% (6)
Joined PCFA affiliated support group	1.0% (4)

A series of Chi-square tests was carried out to examine statistical differences between males and females as well as between those who have known someone with prostate cancer and those who had not. However these tests violated the assumption of the Chi-square test meaning that there were cells that had expected frequencies less than 5. For the reason, the Chi-square results for the engagement with PCFA are not reported.

## 2) Intentions to Engage with PCFA

Table 10 presents the results of respondent's intentions to engage with PCFA after seeing the posters. Approximately 60% (58.2%) said that they are likely or very likely to join a PCFA affiliated support group. 67.5% of respondents reported they are likely or very likely to visit PCFA's website. In addition 80.2% said they are likely or very likely to call the PCFA 1300 number. These results are encouraging for the impact of the Convenience Advertising posters.

Table 10. Intentions to Engage with PCFA

<b>Intent to Engage with PCFA</b>	<b>Very Unlikely</b>	<b>Unlikely</b>	<b>Neither likely or unlikely</b>	<b>Likely</b>	<b>Very Likely</b>
Joined PCFA affiliated support group	6.4% (25)	17.4% (68)	17.9% (70)	46.7% (182)	11.5% (45)
Talked to your friend(s) and family about prostate cancer	1.8% (7)	9.7% (38)	9.0% (35)	54.6% (213)	24.9% (97)
Visited PCFA website	6.4% (25)	12.6% (49)	13.6% (53)	42.6% (166)	24.9% (97)
Called PCFA 1300 number	2.8% (11)	9.0% (35)	7.9% (31)	58.7% (229)	21.5% (84)
Suggested to a friend/partner that they call 1300 number	3.3% (13)	19.5% (76)	18.5% (72)	46.0% (179)	12.6% (49)

Chi-square tests were conducted to compare males with females on their intentions to engage with PCFA. To avoid the assumption that no cell has expected frequencies less than 5, "likely" and "very likely" categories as well as "unlikely" and "very unlikely" categories each were combined into single categories. These intention items have multiple response categories (more than two) and therefore post-hoc tests were conducted to determine which cells/categories produced statistically significant differences. A residual or difference (between observed frequency and expected frequency) for each cell/category was converted to a Z-score (i.e., standard residual), then it was compared to the critical value equivalent to .05 level of significance (+/- 1.96). If a standard residual for a specified cell/category was either larger than 1.96 or smaller than -1.96, it was concluded that the cell was the major contributor to the significant Chi-square test. Based on the post-hoc analyses, only significant categories (having the residuals greater than 1.96 or smaller than -1.96) were reported.

The test results indicate that none of the intention items were significantly different between males and females. However there are some significant differences

between those having known someone with prostate cancer and those who had not. The tests show that more respondents who have known someone with prostate cancer (87.6%) were more likely to talk to their friends and family about prostate cancer than those who did not know someone with prostate cancer (75.2%): Chi-square (2) = 8.823,  $p = .012$ . Additionally a higher percentage of respondents who did not know someone with prostate cancer (72.3%) were more likely to visit PCFA website (60.0%): Chi-square (2) = 7.227,  $p = .027$ .

Results of the Chi-square tests also show that there were significant differences in intentions to engage with PCFA between metro and non-metro respondents. Specifically a higher percentage of those surveyed in non-metro areas (32.4%) were “unlikely” to join PCFA support group than those surveyed in metro areas (15.2%): Chi-square (2) = 15.825,  $p < .001$ . Besides a greater portion of non-metro respondents were “unlikely” to talk to their friends and family about prostate cancer: Chi-square (2) = 20.805,  $p < .001$ .

### 3) Taking a Takeaway Card

25.1% of respondents said that they left the bathroom with a takeaway card. A Chi-square test indicates that there was a significant difference between those who have known someone with prostate cancer and those did not. More specifically, a greater portion of respondents who have known someone with prostate cancer (34.7%) took a takeaway card than those who did not (19.6%). A further Chi-square test shows that a greater portion of non-metro respondents (32.2%) took a takeaway card than metro respondents (17.6%). However there was no gender difference.

Table 11. Taking a Takeaway Card by Having Known Someone with Prostate Cancer and Research Location

<b>Having known someone with prostate cancer</b>	<b>Yes</b> % (Freq)	<b>No</b> % (Freq)	<b><math>\chi^2</math> (p-value)</b>
Did you take a takeaway card? Yes	34.7% (50)	19.6% (47)	10.925 (.001)
<b>Research Location</b>	<b>Metro</b> % (Freq)	<b>Non-Metro</b> % (Freq)	<b><math>\chi^2</math> (p-value)</b>
Did you take a takeaway card? Yes	17.6% (33)	32.2% (64)	10.983 (.001)

### 4) Ever Heard of PCFA

15.9% of respondents reported that they had heard of the Prostate Cancer Foundation. They were then asked how they heard about PCFA and the following responses were recorded:

Table 12. How did they hear about PCFA

<b>If so, how did you heard about PCFA?</b>	<b>Freq</b>
Doctor/chemist	20
Another similar poster/brochure	19
Television/media	13
Don't know/Unsure	4
Family/friend mentioned	3
Sponsorship linkage with Qantas	1
Government	1

## Knowledge and Perceptions about Prostate Cancer

### 1) Behaviours to Improve Health and Prevent Cancer

A large percentage of respondents (86.7%) agreed to search for new information to improve their health. Most respondents (98.2%) thought it is important to carry out activities to improve their health. Also 98.2% said screening will decrease the chance of dying from prostate cancer (see Table 13).

Table 13. Health Information Seeking and Cancer Screening

<b>Health/Prostate Cancer Knowledge</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>
Searching new information to improve my health	87 (22.3)	251 (64.4)	52 (13.3)
Important to carry out activities to improve my health	194 (49.7)	189 (48.5)	7 (1.8)
Screening will decrease the chance of dying from prostate cancer	201 (51.5)	182 (46.7)	7 (1.8)

### 2) Knowledge and Perceptions of Prostate Cancer Risk

Respondents were asked to assess what they believed and knew about prostate cancer. As seen in Table 13, approximately 90% of respondents believed that men older than 50 years of age are more likely to develop prostate cancer. 74.1% reported that family cancer history is associated with prostate cancer. Also over half of respondents (52.6%) said that one in every 10 men will develop prostate cancer in his lifetime (see Table 14 below). Statistical test results are not reported due to the violation of the assumption that no cell has expected frequencies less than 5.

Table 14. Knowledge about Prostate Cancer

<b>Prostate Cancer Risk Perceptions</b>	<b>True</b>	<b>False</b>	<b>Unsure</b>
A man is more likely to develop prostate cancer if his father had it	289 (74.1)	12 (3.1)	89 (22.8)
Men older than 50 years of age are more likely to develop prostate cancer	349 (89.5)	7 (1.8)	34 (8.7)
One in every 10 men will develop prostate cancer in his lifetime	205 (52.6)	16 (4.1)	169 (43.3)
Indigenous men are at higher risk of getting prostate cancer	104 (26.7)	62 (15.9)	224 (57.4)
Men with prostate cancer always have signs/symptoms of prostate cancer	149 (38.6)	130 (33.7)	107 (27.7)

Table 15. Prostate Cancer Risk Perceptions by Age

<b>Prostate Cancer Risk Perceptions</b>	<b>True</b>	<b>False</b>	<b>Unsure</b>	<b>Total</b>
A man is more likely to develop prostate cancer if his father had it				
40-44	71.1% (27)	5.3% (2)	23.7% (9)	100%
45-49	68.4% (39)	1.8% (1)	29.8% (17)	100%
50-54	80.4% (74)	1.1% (1)	18.5% (17)	100%
55-59	78.0% (39)	4.0% (2)	18.0% (9)	100%
60-64	78.1% (50)	1.6% (1)	20.3% (13)	100%
65-69	74.2% (23)	3.2% (1)	22.6% (7)	100%
70-74	67.7% (21)	9.7% (3)	22.6% (7)	100%
75+	59.3% (16)	3.7% (1)	37.0% (10)	100%
Total	74.1% (289)	3.1% (12)	22.8% (89)	100%
Men older than 50 years of age are more likely to develop prostate cancer				
40-44	86.8% (33)	2.6% (1)	10.5% (4)	100%
45-49	82.5% (47)	1.8% (1)	15.8% (9)	100%
50-54	91.3% (84)	1.1% (1)	7.6% (7)	100%
55-59	88.0% (4)	2.0% (1)	10.0% (5)	100%
60-64	87.5% (56)	1.6% (1)	10.9% (7)	100%
65-69	100% (31)	0% (0)	0% (0)	100%
70-74	96.8% (30)	3.2% (1)	0% (0)	100%
75+	88.9% (24)	3.7% (1)	7.4% (2)	100%
Total	89.5% (349)	1.8% (7)	8.7% (34)	100%
One in every 10 men will develop prostate cancer in his lifetime				
40-44	47.4% (18)	7.9% (3)	44.7% (17)	100%
45-49	50.9% (29)	0% (0)	49.1% (28)	100%
50-54	52.2% (48)	7.6% (7)	40.2% (37)	100%
55-59	50.0% (25)	0% (0)	50.0% (25)	100%
60-64	48.4% (31)	4.7% (3)	46.9% (30)	100%
65-69	71.0% (22)	3.2% (1)	25.8% (8)	100%
70-74	54.8% (17)	3.2% (1)	41.9% (13)	100%
75+	55.6% (15)	3.7% (1)	40.7% (11)	100%
Total	52.6% (205)	4.1% (16)	43.3% (169)	100%
Indigenous men are at higher risk of getting prostate cancer				
40-44	23.7% (9)	15.8% (6)	60.5% (23)	100%
45-49	24.6% (14)	15.8% (9)	59.6% (34)	100%
50-54	26.1% (24)	16.3% (15)	57.6% (53)	100%
55-59	24.0% (12)	8.0% (4)	68.0% (34)	100%
60-64	25.0% (16)	23.4% (15)	51.6% (33)	100%
65-69	32.3% (10)	16.1% (5)	51.6% (33)	100%
70-74	29.0% (9)	16.1% (5)	54.8% (17)	100%
75+	37.0% (10)	11.1% (3)	51.9% (14)	100%
Total	26.7% (104)	15.9% (62)	57.4% (224)	100%



<b>Prostate Cancer Risk Perceptions</b>	<b>True</b>	<b>False</b>	<b>Unsure</b>	<b>Total</b>
Men with prostate cancer always have signs/symptoms of prostate cancer				
40-44	36.8% (14)	31.6% (12)	31.6% (12)	100%
45-49	31.6% (18)	33.3% (19)	33.3% (19)	100%
50-54	38.9% (35)	31.1% (28)	31.1% (28)	100%
55-59	38.0% (19)	26.0% (13)	26.0% (13)	100%
60-64	43.8% (28)	34.4% (22)	34.4% (22)	100%
65-69	48.4% (15)	29.0% (9)	29.0% (9)	100%

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## Discussion and Implications

The overall aim of this report is to evaluate the impact of Convenience Advertising's prostate cancer posters presented in bathroom facilities. One of the primary outcomes of interest is assessing the main recalled messages from the posters. The findings are straight forward and very positive. A high proportion of respondents (84.7%) were able to recognise that prostate cancer was the main message of the poster. Additionally, a greater portion of respondents who have known someone with prostate cancer identified prostate cancer as the main message than those not having known someone with prostate cancer (80.6%). Finally, a greater portion of individuals who were surveyed in non-metro areas (93.5%) recognized prostate cancer as the main messages than those who were surveyed in metro areas (75.5%). The findings indicate that the messages in the posters were being clearly presented to the public and they were being clearly recognised by those who the poster is intended for.

A substantial proportion of respondents (70.4%) reported that the poster messages were relevant to them or someone they knew. Interestingly, there was a significant association between the message relevance and having known someone with prostate cancer. A cross-tabulation revealed that a significantly higher proportion of respondents having known someone with prostate cancer (90.3%) felt the messages were relevant than those not have known someone with prostate cancer (62.0%). One possible reason for this is that people who have known someone with prostate cancer have greater interest and need for this type of health information. This is an excellent finding for the campaign as it shows that those who have had some experience dealing with prostate cancer were firstly recognising the main message of the campaign and also finding the posters relevant to them. For those who did not know someone with prostate cancer, the campaign remained eye catching and relevant.

Additionally approximately 90% of respondents (89.7%) thought that it was appropriate to display the information in the bathroom environment. These results are highly encouraging for the Convenience Advertising's approach to disseminating health information to the public.

Another primary outcome of interest is assessing respondents' engagement with the Prostate Cancer Foundation of Australia. A quarter of respondents reported they had talked to their friends and family about prostate cancer after seeing the posters but it was unsuccessful to lead them to engage directly with PCFA such as visiting the PCFA website (5.9%), joining PCFA support group (1%) and calling the PCFA 1300 number (1.5%). This is not surprising due to the very short-term timeframe to measure actual engagement and a longer-term follow-up survey would be required to examine the impact of the posters on actual engagement. Further to this, a review of caller activity in the sites where posters were displayed would also give an indication of the success of the level of engagement.

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Given the short timeframe for people to engage with PCFA, the results indicate a successful impact on intentions to engage with PCFA. About 80% of respondents said they were likely to call PCFA 1300 number and 70% said they were likely to visit PCFA's website. These results are highly encouraging for the impact of the Convenience Advertising posters however future follow up would be required to determine if respondents did actually act on their intentions.

Finally respondents were asked to assess their knowledge and perceptions of prostate cancer risk and their behaviours to improve their health. Interestingly, nearly all respondents stated (98.2%) that screening will decrease the chance of dying from prostate cancer. This is a very topical question as there is clear debate in the literature over the benefits of screening for prostate cancer and how informed men are of the advantages and disadvantages of getting screened. Further to this, nearly three quarters of respondents (74.1%) correctly identified that family history increases men's risk of getting prostate cancer and 89.5% of respondents correctly identified getting older is a risk factor for prostate cancer.

For the other knowledge questions, there was less certainty in respondent's answers. For example, only 52% of respondents correctly stated that one in ten men will develop prostate cancer in their lifetime, only 16% correctly identified that indigenous men do not have a higher risk of getting prostate cancer and 34% correctly said that men with prostate cancer will not always have signs or symptoms of prostate cancer.

This evaluation has showed that there was a high recall and message uptake from the posters in bathrooms across the four sites where the evaluation surveys took place. People who had some personal experience with prostate cancer were more likely to find the posters relevant to them, talk about the posters with friends and also had higher levels of intentions to engage with PCFA through calling the support line and visiting the website. Measuring the number of calls that went to the hotline and website activity before, during and after the campaign will provide a good indication on the overall success of the campaign to increase the number of people who attend the support groups.

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## APPENDIX A- Evaluation Survey

### Preamble

Excuse me, I wonder if you could help with some research we are doing? It will only take a few minutes of your time.

My name is \_\_\_\_\_ and I'm carrying out a project on behalf of a public health advertiser to assess the impact and relevance of some advertising placed in this venue. The information you give me will help determine the effectiveness of the messages and will be kept in confidence and recorded anonymously. Your answers will help develop better health messages in the future.

### Research Location (Please Circle)

Essendon  
Shepparton  
Coffs Harbour  
St.George

### Age (Please Circle)

18-24                  25-34                  35-44                  45-54                  55+

### Gender (Please Circle)

-Male                  =Female

### Where were you born?

-Australia                  -Other (please specify)

### What is your highest level of education?

-Year 10 or equivalent  
-Higher School Certificate or equivalent (Year 12)  
-TAFE/diploma  
-Undergraduate degree  
-Post graduate degree

### What is your current employment status?

-Full time  
-Part time  
-Casual work  
-Not currently employed  
-Other (please specify)

### Are you:

-Married  
-Widowed  
-Separated/Divorced  
-Never Married/Single

---

Use of Bathroom Facilities This Week (Please Circle)

Yes

Go to Question 1

No

Terminate Interview (DO NOT INCLUDE IN SAMPLE)

Q.1 Whilst you were in the bathroom did you see any posters on the walls, or anywhere else in the bathroom?

Yes 1 go to question 3a

No 2 go to question 2

Q.2 The posters are blue and are about health. Do you remember seeing them now?

I do recall seeing the posters 1 go to question 3a

I definitely did not see the posters 2 TERMINATE INTERVIEW

I'm not sure 3 TERMINATE INTERVIEW

Q.3a Can you tell me which organisation the messages are for?

The Prostate Cancer Foundation 1-go to question 3b

Other 3b

Q.3b What was the main message(s) presented in the poster? Circle all responses made (note: wording need not be identical)

Prostate Cancer 1

Helping your partner 2

Support groups 3

He's Not Alone 4

You're Not Alone 5

Hotline 6

Website 7

Australian Government/Cancer Australia 8

Cards 9

Other 11 Please

Specify: \_\_\_\_\_

Don't Know 12 - Why? \_\_\_\_\_

Q.4a What was your initial reaction to the poster?

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Q.4b Were the messages in the poster relevant to you or someone you know?

Yes 1 go to question 4c

No 2 go to question 4d

Q.4c If you think it is relevant,

why: \_\_\_\_\_

Q.4d If you think it is irrelevant,

---

why: \_\_\_\_\_

Q.5a How appropriate do you think it is to display this kind of health information in the bathroom environment?

- Very appropriate 1
- Quite appropriate 2
- Undecided 3
- Somewhat inappropriate 4
- Very inappropriate 5

Q.6a Have you mentioned the information contained in these posters with someone that you know?

- Yes 1
- No 2

Q.7a Since you saw this poster, have you:

- |   |     |     |
|---|-----|-----|
| i) Joined a PCFA affiliated support group                       | Y 1 | N 2 |
| ii) Talked to your friend(s) and family about prostate cancer   | Y 1 | N 2 |
| iii) Visited the PCFA website                                   | Y 1 | N 2 |
| iv) Called the PCFA 1300 number                                 | Y 1 | N 2 |
| v) suggested to a friend/partner that they call the 1300 number | Y 1 | N 2 |

Q.7b Having seen this poster, if you, or your partner was diagnosed with prostate cancer, how likely would you be to:

- |   |               |          |                            |        |             |
|---|---------------|----------|----------------------------|--------|-------------|
| i) Join a PCFA affiliated support group                     | Very unlikely | Unlikely | Neither likely or unlikely | Likely | Very Likely |
| ii) Talk to your friend(s) and family about prostate cancer | Very unlikely | Unlikely | Neither likely or unlikely | Likely | Very Likely |
| iii) Visit the PCFA website                                 | Very unlikely | Unlikely | Neither likely or unlikely | Likely | Very Likely |
| iv) Call the PCFA 1300 number                               | Very unlikely | Unlikely | Neither likely or unlikely | Likely | Very Likely |
| v) suggest to a friend/partner to call the 1300 number      | Very unlikely | Unlikely | Neither likely or unlikely | Likely | Very Likely |

Q.9a Had you heard of the PCFA prior to seeing the advertisements in the bathroom?

- Yes
- No

Q.9b If so, how did you hear about the PCFA?

\_\_\_\_\_

Q.9c What is your understanding of what the PCFA do?

\_\_\_\_\_

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Experience with Prostate Cancer

Q10. Do you or have you ever known someone with prostate cancer?

Yes                      NO

Q11. Was it a family member (father, brother, uncle) or a friend

Family member              Friend

General Belief questions

Q12. I search for new information to improve my health.

Strongly agree              Agree              Disagree              Strongly disagree

Q13. I feel it is important to carry out activities which will improve my health.

Strongly agree              Agree              Disagree              Strongly disagree

Q14. Screening will decrease the chance of dying from prostate cancer.

Strongly agree              Agree              Disagree              Strongly disagree

Knowledge

Q15. A man is more likely to develop prostate cancer if his father had it.

True/False/Unsure

Q16. Men older than 50 years of age are more likely to develop prostate cancer.

True/False/Unsure

Q17. One in every 10 men will develop prostate cancer in his lifetime.

True/False/Unsure

Q18. Indigenous men are at higher risk of getting prostate cancer than whites are.

True/False/Unsure

Q19. Men with prostate cancer always have signs or symptoms of prostate cancer.

True/False/Unsure

Thanks for giving us your time and your input into this research project.



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